



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services**

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March 14, 2008

To: Legislative Oversight Committee Members
Commission for MH/DD/SAS
Consumer/Family Advisory Committee Chairs
State Consumer Family Advisory Committee Chairs
Advocacy Organizations and Groups
North Carolina Association of County Commissioners
County Managers
County Board Chairs
North Carolina Council of Community Programs
NC Association of Directors of DSS

State Facility Directors
Area Program Directors
Area Program Board Chairs
DHHS Division Directors
Provider Organizations
MH/DD/SAS Professional Organizations and Groups
MH/DD/SAS Stakeholder Organizations and Groups
Other MH/DD/SAS Stakeholders

From: Leza Wainwright 

Re: **Communication Bulletin #089**
New NC-TOPPS Website and Guidelines



Over the past several months, Division staff have been working with Local Management Entities (LMEs), providers, and consumers and families to modify the NC Treatment Outcomes and Program Performance System (NC-TOPPS) in response to complaints that the system was overly burdensome and not user-friendly. We are pleased to announce the implementation of a number of changes to the system designed to address those concerns. We believe these changes reflect an appropriate balancing of the state's responsibility to evaluate and improve the effectiveness of care with the feasibility of practical implementation at the local level.

New NC-TOPPS Website

We have redesigned the NC-TOPPS website to improve sharing of information on the consumer outcomes system. The new website can be accessed at the following address:

<http://www.ncdhhs.gov/mhddsas/nc-topps>

On this website, NC-TOPPS users can submit consumer interviews, access NC-TOPPS guidelines and training documents, and request technical assistance. The new website also provides LME-specific reports on each age-disability group outcomes, in addition to statewide reports. Aggregate reports on consumer outcomes for a particular provider and the outcomes of particular consumer groups continue to be available upon request. A new email address (reportrequest@ndri-nc.org) has been added to the website to facilitate requesting reports. Note that the feasibility of producing reports depends on having a sufficient number of NC-TOPPS interviews in the requested category to include in the report.



Revised NC-TOPPS Guidelines

The NC-TOPPS guidelines summarize how the new NC-TOPPS requirements have simplified consumer participation, continuity of care, and consumer consent. The guidelines provide information on how to submit consumer interviews, who is required to participate in the NC-TOPPS initiative, and ways to access reports and data from the interviews. Version 4.2 of the guidelines is now available on the NC-TOPPS website and attached to this correspondence. Major changes from the previous version of the guidelines include:

- **Exclusion of all adult and child mental health consumers who are receiving only outpatient therapy or medication management services.** In response to concerns from outpatient therapists, these consumers are now exempt from participation in NC-TOPPS, regardless of funding source. Substance abuse consumers receiving outpatient treatment that is funded through the Integrated Payment and Reporting System (IPRS) must still participate in NC-TOPPS in order to comply with federal block grant requirements.
- **Elimination of the transfer interview.** To reduce the volume of interviews, an episode of care has been redefined to follow a consumer across multiple provider agencies, eliminating the need for the transfer interview. When a consumer's primary provider agency changes, the LME is responsible for transferring responsibility and access from one provider to another. Both the provider who is ending services to the consumer and the provider who is starting services should contact the "superuser" at the LME to ensure a seamless transfer. Providers ending services to a consumer are no longer required to submit a transfer interview and providers to whom a consumer's services are being transferred do not need to complete a new initial interview. Instead, after the LME changes the consumer's clinician in NC-TOPPS, the new provider will continue the previous schedule of update interviews.
- **Elimination of the consent question in the substance abuse Consumer Interviews.** After careful consideration of confidentiality issues, we have determined that the consent of substance abuse consumers is not required in order for LMEs to access consumer information for oversight purposes which are explicitly permitted in the Health Insurance Portability and Accountability Act (HIPAA) and 42CFR, Part 2. However, to meet federal and state laws and regulations, explicit consumer consent is still required before the LME or other providers may share NC-TOPPS data for the purpose of coordinating an individual's care.

Upcoming Changes to Improve Data Collection and Accessibility

The changes outlined above are effective immediately. In addition, the Division is working to simplify the data collection process and make information more readily accessible to consumers, providers, and LMEs.

- **Shorter Consumer Interviews.** We are in the process of significantly streamlining the NC-TOPPS interviews by eliminating a variety of questions and simplifying others. The Division is hosting a series of focus groups during the spring to gather input from providers and consumers on proposed changes to the NC-TOPPS questions. After piloting the revised questions, the Division plans to implement the revised interviews in July 2008.
- **Online Feedback for Providers and Consumers.** We have been working with a national contractor to develop online feedback for clinicians, consumers, and NC-TOPPS "superusers" at provider agencies and LMEs. The original schedule for implementation of these web-based reports has been revised due to revision in the interview questions. We expect to have a NC-TOPPS Individual Report available for clinicians by the fall of 2008. This report will allow a clinician and consumer to see at a glance how important areas in the individual's life have changed while receiving services.



- **Online Service Outcomes Reports.** We also plan to have aggregate reports on consumers' service outcomes available for public utilization in the fall. These "dashboard reports" will show how life outcomes of consumers served by a particular LME have changed while receiving services.

We value the input that consumers, providers, and LMEs have provided to help us improve NC-TOPPS. We hope that these changes will make the consumer outcomes system more accessible and useful for planning and delivering services to mental health and substance abuse consumers, while reducing the administrative burden of collecting this information.

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